

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000080382

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

**Entity Name:** DAVIE POOLS, LLC

**Current Principal Place of Business:**

5999 NW PINE LEVEL RD  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 311  
FT. OGDEN, FL 34267

**New Mailing Address:**

P.O. BOX 311  
FT. OGDEN, FL 34266

FEI Number: 20-5759432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DESLAURIER, MICHAEL  
P.O. BOX 311  
FT. OGDEN, FL 34267      US

**Name and Address of New Registered Agent:**

DESLAURIER, MICHAEL  
5999 NW PINE LEVEL ROAD  
ARCADIA, FL 34267      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL DESLAURIER

10/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DESLAURIER, MICHAEL  
Address: 5999 NW PINE LEVEL RD  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL DESLAURIER

MGRM

10/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date